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		Attorney Docket Nur	nber P039	99USB	
DECLARATION FOI DESIG		First Named Inventor	, PET	ER V. BOESEN, M.	D.
PATENT APPLICATION		COMPLETE IF KNOWN			
(37 CFR 1.63)		Application Number		/	
]	Filing Date			
Declaration Submitted OR	Declaration Submitted after Initial	Art Unit	* '*-		
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			
As the below named inventor, I her	eby declare that:				
My residence, mailing address, and c	itizenship are as stated belo	w next to my name.			
I believe I am the original and first inv	entor of the subject matter w	hich is claimed and for whi	ch a patent is s	ought on the invention e	entitled:
COMPUTER AND VOICE COM	IMUNICATION UNIT WIT	H HANDSFREE DEVIC	E		
4	(Title of the In	nvention)			
the specification of which					
is attached hereto					
OR					
was filed on (MM/DD/YYYY)		as United States A	pplication Numl	per or PCT International	
L		_			
Application Number	and was amende	ed on (MM/DD/YYYY)		(if applicable	÷).
L		L			
I hereby state that I have reviewed and any amendment specifically referred to	d understand the contents of above.	f the above identified specif	ication, includir	g the claims, as amend	ed by
I acknowledge the duty to disclose info applications, material information whic international filing date of the continua	ch became available betweer	patentability as defined in the filing date of the prior	37 CFR 1.56, in application and	icluding for continuation the national or PCT	-in-part
I hereby claim foreign priority benefits breeder's rights certificate(s), or 365(States of America, listed below and h breeder's rights certificate(s), or any claimed.	 a) of any PCT international nave also identified below, b 	application which designary checking the box, any for	ted at least one reign application	e country other than the on for patent, inventor's	e United or plant
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Att	ached?
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[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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NAME OF SOLE OR FIRST INVENTOR :	A petition has	s been filed for this unsig	ned inventor			
Given Name (first and middle [if any]) PETER V.		Family Name BOESEN	I, M.D.			
Inventor's Signature			Date			
Residence: City DES MOINES	State IOWA	Country U.S.A.	Citizenship U.S.A.			
Mailing Address 4026 BEAVER AVENUE		T	·			
city DES MOINES	State IOWA	ZIP 50310	Country U.S.A.			
NAME OF SECOND INVENTOR:	A petition has t	been filed for this unsigne	ed inventor			
Given Name (first and middle [if any])		amily Name or Surname				
Inventor's Signature	سه		Date - 9-02			
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Filing Date	
First Named Inventor	PETER V. BOESEN, M.D.
Group Art Unit	
Examiner Name	
Attorney Docket Number	P03999USB

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SIGNATURE of Applicant or Assignee of Record
DETER V POESEN M.D.
TV Change of the control of the cont
Signature
Date (1) (1-9-82-
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.
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